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21917 7590 11/18/2005

MCHALE & SLAVIN, P.A.
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Cathy Nicholson	(Depositor's name)
<i>[Signature]</i>	(Signature)
2/20/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,873	08/22/2003	Robert L. Doubler	2131.022	3190

TITLE OF INVENTION: WELDED HIP PROSTHESIS

02/24/2006 HTECKLU2 00000001 10647873

01 FC:2501	700.00	OP
02 FC:8001	30.00	OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEWART, ALVIN J	3738	623-022420

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 *McHale & Slavin PA*
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Toledo, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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Authorized Signature

Typed or printed name Michael A. Slavin

Date

2/17/06

Registration No. 34,016

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